NSW GOVERNMENT SCHOOLS

Study Tours 游学项目处

OVERSEAS VISITOR PROFILE 海外访客情况表

NOTE: This form is best completed using the program Adobe Acrobat Reader. If Adobe Acrobat is not loaded onto your PC or Mac then you can download it for free from https://get.adobe.com/reader. You can also complete the form using the browser Internet Explorer.

Please complete this form in english. Ensure it is typed, not handwritten.
请用英文填写此表，打字填写，切勿手写。

Part A: Visitor Details A部分：访客资料

First name 名 _____ Surname 姓 _____

Gender 性别 ☐ Male 男 ☐ Female 女

Date of birth (DD/MM/YYYY) 出生日期 (日/月/年) _____ Age 年龄 _____

Nationality 国籍 _____

Emergency contact details of parent/guardian 家长/监护人紧急联系资料

Full name 姓名 _____ Phone Number 电话号码 _____

Address 地址 _____

Email 电子邮箱 _____

Education 教育情况

School name 学校名称 _____

Current year in school 目前在校年级 _____ Number of years studying English 学习英语年数 _____

Part B: Medical Details B部分：医疗详情

Do you have any allergies? 是否有过敏情况? ☐ No 否 ☐ Yes 是 (please tick one) (请给一个选项打勾)
If yes, include any food, animal and drug allergies (please provide full details and medication taken):
包括对任何食物、动物和药物过敏 (如果回答“是”，请务必提供全部详情和所服用的药物情况)：

Do you have any illnesses/medical conditions? 是否有任何疾病/症状?
☐ No 否 ☐ Yes 是 (please tick one) (请给一个选项打勾) Include asthma, diabetes, epilepsy or anaphylaxis (If yes, you must advise treatment and medication taken including use of an adrenaline autoinjector e.g. EpiPen): 包括哮喘、糖尿病、癫痫或过敏性休克 (如果回答“是”，请务必提供所使用的药物和治疗详情，例如使用肾上腺素注射器EpiPen)：

Do you have any history of violent behaviour? 该访客以往是否有过暴力行为?

☐ No 否 ☐ Yes 是 (please tick one) (请给一个选项打勾)

If yes, you must provide full details (如果回答“是”,请务必提供全部详情):

Have you been hospitalised in the last 2 years? 该访客在过去两年内是否曾住院?

☐ No 否 ☐ Yes 是 (please tick one) (请给一个选项打勾)

If yes, you must provide full details (如果回答“是”,请务必提供全部详情):

Please indicate if you have any of the following: 请注明该学生是否有下列障碍:

☐ Autism 自闭症
☐ A physical disability 身体障碍
☐ Behaviour disorder 行为障碍
☐ A vision impairment 视力障碍
☐ A hearing impairment 听力障碍
☐ Difficulties in learning 学习困难
☐ Intellectual disability 智力障碍
☐ A language disorder 语言障碍
☐ Acquired brain injury 获得性脑损伤
☐ Mental health disorder 精神健康障碍
☐ Other (please specify) 其它(请具体说明)

Is there anything else in the visitor's history or circumstances not already advised that might pose a risk to themself, students or staff in NSW Government schools? 在访客的过往经历或情况中是否有尚未告知的其它情况,而这些情况可能会给新南威尔士州公立学校的师生员工造成风险? ☐ No 否 ☐ Yes 是 (please tick one) (请给一个选项打勾)
(If yes, you must provide full details) (如果回答“是”,请务必提供全部详情):

PART C: Homestay C部分: 家庭寄宿

Only complete this section if NSW Government schools are arranging homestay
若由国际教育处安排寄宿家庭,才需填写这一部分

Placement preference 分配偏好 ☐ Single 单人 ☐ Double 双人

Dietary requirements 饮食要求 ☐ Kosher 犹太洁食 ☐ Halal 清真食品 ☐ Vegan 素食 ☐ Gluten Free 无麸质饮食

Message to host family 给寄宿家庭的留言

Family members 家庭成员

Relation 关系	Name 姓名	Occupation 职业	Age 年龄

Interests/Hobbies/Sports 兴趣/爱好/运动

PART D: Permission to publish and consent D部分：发布许可和同意

I/we consent to the aforementioned overseas visitor named in this form, being photographed/filmed for publication within the NSW Department of Education's internet sites, social media, newspaper, external publication, television and on other associated promotional material. Note: You have agreed to participate in the study tour. We may collect photograph and film content for publication. If you choose to participate in the study tour, we may be unable to exclude you from any photograph or film content. 本人同意对本表所具名的上述海外访客进行摄影/摄像并发布在新南威尔士州教育部互联网网站、社交媒体、报纸、外部出版物、电视以及其它相关宣传材料上。注意：您已同意参加游学项目。我们可能会采用项目中某些照片或影像资料用于宣传，而这些片段中可能会包含您的肖像或声音。

☐ Yes 是 ☐ No 否 (please tick one) (请给一个选项打勾)

I/we consent to the aforementioned overseas visitor named in this form participating in all study tours and homestay activities (both on and off the school and homestay premises) including any excursions and trips arranged by the school and homestay provided during the program. 本人同意本表所具名的上述海外访客参加所有游学项目和家庭寄宿活动（包括在学校和家庭寄宿场址内外），包括学校和寄宿家庭家庭在项目期间提供的任何郊游和旅行。

I/we consent to the aforementioned overseas visitor named in this form, in the event of an emergency, using ambulance transportation and or receiving such medical or surgical treatment as may be deemed necessary. This may include, but not be limited to, placement in a hospital, use of doctor's services and transportation to the home country: as well as COVID related medical care and testing. 本人同意本表所具名的上述海外访客在紧急情况下使用救护车运送并且/或者接受可能被视为必要的内科或外科治疗。这可能包括但不限于住院、就医以及送回原居住国，及COVID新冠测试治疗相关的医疗需求。

I/we understand that the accompanying adult is responsible for all costs incurred in providing medical treatment and associated service to the overseas visitor, as aforementioned. 本人了解随行成人负责承担为上述海外访客提供提供医疗和相关服务所产生的所有费用。

I/we agree to reimburse the host family or the local school for any damage the aforementioned overseas visitor named in this form may cause. 本人同意赔偿由上述海外访客可能造成的任何损失或损坏，并向学校和寄宿家庭做出相应赔偿。

Signature of Parent (visitor under 18 years of age): 家长/监护人签字（若访客未满18岁）：

Signature of Visitor (over 18 years of age): 访客签字（若访客年满18岁）：

Please use your digital signature to sign this form before returning it to your agent.
If you do not Have a digital signature, please print the form and sign it before returning it to your agent.
请使用电子签名来签署该表格，并将其发送至游学代理。如果没有电子签名，请将表格打印后签署，并发送至游学代理。

CLICK TO PRINT FORM

26/8/26